

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/23/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S.	373	9-28-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

*Amended*

Claim	Date
Final	
Original	
1	2/11/02
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3	10/20/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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